

ESSAY: SPECIALIZED CASELOADS

This essay on specialized caseloads was written by staff of the NIC Information Center. Our intent is for this section of the Quarterly to address current and controversial issues. In the future, this column may present an essay written by an expert in the field or two divergent viewpoints on an issue in community corrections. If you would like to contribute to this "editorial" section of the Community Corrections Quarterly, contact Barbara Krauth at (303) 939-8877.

The Roots of Community Corrections

When community corrections was first used as an alternative to incarceration, its practitioners emphasized a generalized approach to dealing with offenders. In 1841, John Augustus initiated the practice of posting bail for minor offenders and developed techniques to help "clients" become law-abiding. These techniques were made available to all clients and included counseling and the coordination of services intended to rehabilitate offenders.

Since that time, both the philosophy and the intervention strategies of community corrections have proceeded through cycles of change. In the 1950s many community corrections administrators saw the field's role as providing offenders with individual therapy to "cure" their problems. During the 1960s, the philosophy shifted toward social work. Officers were granted almost complete autonomy to coordinate and deliver services designed to create a social environment that would encourage law-abiding behavior.

By the late 1970s the emphasis was changing once again, as community corrections administrators began to conceive of service delivery as a standardized management process whose main goal was creating a structure for the use of agency resources. Emphasis was placed on consistency of decision-making and on meeting minimum standards that were related to the expectations of management and the community, rather than to desired outcomes for offenders.

Recent Trend: An Increase in Specialization

The recent growth of specialized caseloads in community corrections is motivated by two forces that have evolved naturally out of its past: a commitment to effective treatment, and a commitment to the efficient management of service delivery.

Advocates of specialized treatment believe that staff are more effective when they base their techniques on intervention characteristics specific to the offender. A basic premise of this view of specialization is that “specialized supervision is designed to foster a personal relationship between the offender and a probation/parole officer or a community volunteer,” (Clear and O’Leary, ***Controlling the Offender in the Community***, Lexington Books, 1983).

Another factor supporting the use of specialized caseloads is that attempts to meet the general needs of all offenders have resulted in a failure to meet the particular needs of almost everyone. Thus, most specialized caseloads now consist of offenders who share similar characteristics in terms of offense and/or personal attributes. Systematically dividing these caseloads among staff acknowledges the different skills needed to perform each type of supervision effectively and is likely to encourage greater staff professionalism.

Specialized caseloads make sense from the management perspective as well. Agencies with large enough supervised populations may find economies in a system of specialization, because limited resources can be allocated to officers with responsibility for specific offender groups. Specialization can also reduce role conflict by requiring officers to focus on a particular task, population or group of populations, or a particular technique.

Specialization is a direct outgrowth of the standardized processes introduced in the late 1970s as well as of the traditional separation of court and supervision functions. Historically, many agencies have separated their services into court and supervision divisions, which, in part, acknowledges the classic split in the role of community corrections—the need to provide both support to the court and supervision in the community.

Describing Specialization: Models for Community Corrections

There are three general models that describe specialization in community corrections: resource intervention, social work/therapeutic intervention, and administrative intervention.

Resource intervention consists of providing short-term support to clients, including job training or placement, financial assistance, or education services, in order to help them become self-supporting.

Social work/therapeutic intervention adheres to the rehabilitation ideal originally conceived for community corrections. In this model, intervention is aimed at curing the disorder that may have led to criminal behavior. Examples include certain programs for sex offenders, substance abusers, and the mentally retarded.

Administrative interventions emphasize control rather than rehabilitation. They are organizational strategies, resulting from the view that correctional interventions should be managed at the organizational rather than the line officer level. Under the administrative model, interventions are based on either offender status or specific sanctions within the supervised population, without regard for resource or therapy needs. Examples include intensive supervision, home detention, and programs for DUI offenders and sex offenders. (**Note:** Programs for sex offenders can be categorized as either therapeutic or administrative, depending on whether they emphasize rehabilitation or control.)

- Intensive supervision and electronic monitoring are designed as intermediate sanctions for offenders, to provide an alternative to jail or prison while maintaining more control over the offender than other forms of community supervision. They are usually advocated on the basis of their potential to save money while posing no additional risk to the public.
- Programs for sex offenders that fit under the administrative model focus on monitoring offenders for technical compliance. If treatment is provided, it is done through contracts with private providers; officers focus on supervision rather than rehabilitation.
- DUI programs also fit the administrative model because their focus is on monitoring compliance with structured court orders such as payment of fines, community service, or participation in alcohol/driving awareness programs or Alcoholics Anonymous.

In current community corrections, agencies are increasingly emphasizing surveillance and control rather than rehabilitation. More use of the administrative model has accompanied this shift, because its techniques emphasize coordinating internal resources to meet the goals of offender control and justice.

Resource and therapeutic interventions are now used less frequently because they require additional agency resources. For example, the proportion of community corrections clients who have alcohol, drug, or employment problems is often estimated at more than 60 percent, ordinarily too large a proportion for the average community-based correctional agency to treat with the resources available. Further, rehabilitation and other “helping” programs have not proven particularly successful in reducing recidivism.

Survey: More Use of the Administrative Model

That much current caseload specialization is based on the administrative model was substantiated by results of a 1988 NIC survey of community corrections administrators. In order to assess the use of specialized caseloads, NIC Information Center staff in 1988 sent a brief survey to 65 state and local community corrections

administrators around the nation. Fifty-two (52) surveys were returned, representing 40 states and the District of Columbia, a response rate of 80 percent. In addition, the responding agencies supervise 80 percent of the community corrections population in the United States.

We asked survey respondents to indicate which of the following groups are under specialized supervision within their agencies: sex offenders, DUI offenders, alcohol/drug abusers, mentally disordered offenders, and offenders sentenced to intensive supervision or home detention, including electronic monitoring. Note that although the information presented is not a complete census of specialized populations, it does illustrate the use of specialization.

Figure 1 illustrates the number of responding agencies that use specialized caseloads for each of the categories described above.

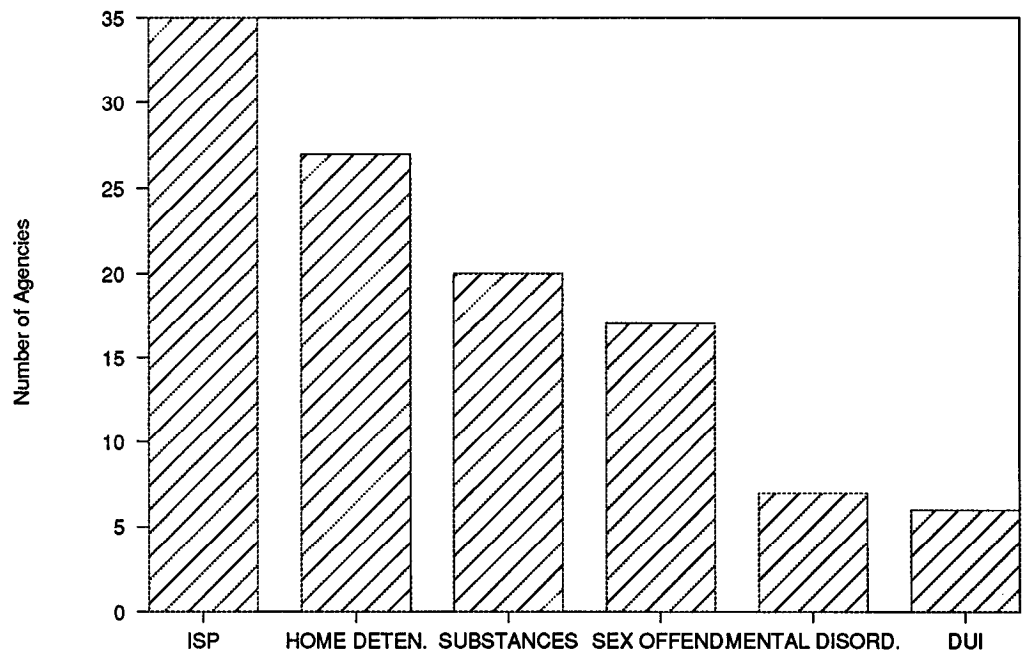


Figure 1: Number of Responding Agencies Using Specialized Caseloads for Specific Populations

As this figure illustrates, agency use of specialized caseloads emphasizes surveillance and control rather than assistance and therapy. More than 80 percent of the respondents operate ISP home detention programs, while less than 50 percent operate programs for substance abusers, sex offenders, the mentally retarded, or DUI

offenders. Service-oriented programs, the original drivers for specialized interventions, still exist but are less widely used.

Assigning Offenders to Specialized Caseloads

Survey respondents were also asked how their clients are screened for assignment to specialized caseloads. The following methods were cited:

- risk/need scales;
- case supervision strategies/client management classification;
- court or parole board orders;
- sentencing statutes;
- classification by type of offense;
- use of a staffing process; and
- referral from other officers.

In spite of recent efforts to develop screening or classification tools to identify appropriate clients for specialized caseloads, community corrections agencies still have difficulty in accurately identifying individuals who can fit into homogeneous populations. According to NIC survey respondents, three basic problems still make it hard to screen clients:

1. ***Single tools are not applicable to multiple specialties.*** Generic risk scales are not effective in classifying specific offenders (e.g., sex offenders). This raises the question of whether additional scales should be developed for offense-specific caseloads.

It is clearly unrealistic to expect that one process will effectively identify correct assignments for the entire range of special populations. However, assuming that not all offenders belonging to a specific group will require the services of a special unit, it is still important for an agency to be able to identify the most appropriate offenders for the special interventions available.

2. ***Limited time and resources restrict the screening process.*** Time and resource limitations will always be a problem in any service delivery profession. The “cost” of specialization is measured in terms of agency finances and staff time. Clinical assessments are not only costly but often take substantial time to complete.

When a diagnosis is not needed, many agencies use a staffing process, which usually requires a regular meeting of a team of line staff and a

supervisor to review potential cases for program placement. One officer has the lead role in assessing the case, presents his or her recommendations, and then the group attempts to reach a consensus. The most common problem with this process is getting the group together. Court dates and a variety of other scheduling difficulties complicate the coordination of staffing.

The time required to make staffing-based decision varies on a case by case basis, and facilitating the variety of perspectives necessary to complete the staffing may be too much for an agency to handle. Resource and time limitations also may result in a watered-down process that creates populations which are not truly homogeneous.

- 3. *Sentencing policies may limit agencies' control overpopulation size. This*** problem may be the most serious. For example, a special program tied to sentencing legislation that has no corresponding allocation of resources may result in populations too large to be supervised adequately by existing staff.

Loss of control is most evident in programs based on mandatory placement or when placement is at the discretion of the judiciary. Without control over placement, special caseloads become overloaded; the result is a program that can provide little special supervision.

It is clear that no single approach is ideal for assigning cases to a specialized intervention program. The key seems to be to match the assignment process with the supervision goals for each special population. Goals that are surveillance- or control-oriented may adapt well to risk assessments, if risk scales are validated to that population, while case management goals may be realized through behavioral assessments.

Conclusion

Use of specialized caseloads is likely to continue to grow through the early 1990s. This prediction is based on the assumption that the number of clients who need specific interventions (substance abusers, sex offenders, early releasees, etc.) also will continue to grow. It is impossible to predict, however, if agencies will continue to emphasize administrative rather than resource or therapeutic interventions. The approach selected will depend, in each case, on the mission of the community-based agency and the resources available to it. ■